

ECS Configuration Change Request

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CCR No. 97-0161	Logged Date 2/10/97	Rev. -	Request Type CCR
Priority Routine <input type="checkbox"/> Urgent <input checked="" type="checkbox"/> Emergency <input type="checkbox"/>	Affected Release B		Change Class I I
Title Install ASTER software on lasher and provide accounts			
Documents Affected N/A		Source Nos (RID, NCR, Action Item, GSFC CCR, etc.) or Tech Reference N/A	
RTM Change <input type="checkbox"/> Start New Baseline <input type="checkbox"/>			
Problem ASTER software that has been developed at or for the EROS Data Center (EDC) must be tested and verified in the ECS environment as a part of Release B development. The process of bringing in a new software suite is often challenging and it is important to the success of ASTER that the work be started as expeditiously as possible. Very little support effort is required but two user accounts for lasher are required. No additional funds are required for this effort.			
Proposed Solution Load, verify, test ASTER software. In addition, the most recent DAAC or SCF SDP tool kit and HDF/EOS software are required on lasher. In order to accomplish this task with minimum support overhead, mini-DAAC accounts are requested for David Case and Joseph Blackette who will undertake this development process.			
Impact Analysis: Organizations Affected: BOO <input type="checkbox"/> Contracts <input type="checkbox"/> ESO <input type="checkbox"/> FOS <input type="checkbox"/> M&O <input checked="" type="checkbox"/> QA <input type="checkbox"/> Rel. A <input type="checkbox"/> Rel. B <input checked="" type="checkbox"/> Rel. IR1 <input type="checkbox"/> MRS <input checked="" type="checkbox"/> SMO <input checked="" type="checkbox"/> Subconts <input type="checkbox"/> A.1 <input type="checkbox"/> Other _____ Cost: None <input checked="" type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> (Not exceeding \$100,000) (\$100,000 to \$500,000) (Over \$500,000) Schedule: None <input checked="" type="checkbox"/> Other _____ Additional LOC _____ Man-Months _____ Materials _____			
Originator <u>Byron V. Peters</u>		<u>2/10/97</u>	
Signature		Date	
Office <u>HWE</u> Office Manager _____		<u>2/10/97</u>	
Signature		Date	
Disposition Approved <input type="checkbox"/> Approved w/Comment <input type="checkbox"/> Forward <input type="checkbox"/> Disapproved <input type="checkbox"/> Comments: CCB Chairperson _____ Signature Date			